



# UNITED STATES MARINE CORPS

OFFICER CANDIDATES SCHOOL  
TRAINING COMMAND  
2189 ELROD AVENUE  
QUANTICO, VIRGINIA 22134-5033

IN REPLY REFER TO  
1000  
C475-CSA  
22 Jul 13

From: Commanding Officer, Officer Candidates School  
To: Head Officer Programs, Marine Corps Recruiting Command (MCRC)  
Assistant Officer Procurements, Western and Eastern Recruiting  
Regions, Marine Corps Recruiting Command Stations, Marine Corps Enlisted  
Commissioning Education Program (MECEP)/Enlisted Commissioning Program  
(ECP)/Reserve ECP (RECP)/Meritorious Commissioning Program Reserve,  
(MCPR), Marine Officer Instructors (MOI), Naval Reserve Officers  
Training Corps (NROTC)

Subj: FALL 2013 OFFICER CANDIDATES SCHOOL (OCS) COURSE DATES; CANDIDATE PRE-  
SHIP PREPARATION AND REQUIREMENTS

Encl: (1) Officer Candidate Pre-ship Checklist  
(2) SF 1199a (Electronic Funds Transfer form)

1. Purpose. This letter serves to aid all those involved in the preparation of officer candidates for the fall 2013 training cycle. This letter, along with the OCS website (<https://www.trngcmd.usmc.mil/OCS/default.aspx>), contains important information and responses to questions frequently asked by officer candidates.

## 2. Course Dates

Class	Report Date	Graduation Date	Region Flight Manifest Copy / # of Candidate Drivers Due Date
OCC-214	22 Sep 2013	26 Nov 2013	1300 / 13 Sep 2013

3. Transportation. Upon arrival, all candidates must be wearing appropriate civilian attire, e.g. trousers, a collared shirt, and dress shoes. Officer candidates must collect and retain all travel receipts to and from OCS, as they will file a travel claim at The Basic School (TBS), their Officer Selection Station (OSS), or parent command, upon their return for travel reimbursement. Officer candidates that have transportation issues or are unable to meet the check-in deadline must call the OCS Officer of the Day (OOD) at (703) 784-2351/2352.

a. Arrival Flight Information. Officer candidates' flights must arrive at Ronald Reagan Washington National Airport (DCA), prior to 1700 on the report date listed above. The Marine Liaison Team at DCA wearing the Service "C" uniform will greet officer candidates at DCA's United Services Organization (USO) beginning at 1600. Transportation from DCA to OCS will be provided to the officer candidates from 1600 to 2000. Chow will be provided to the officer candidates upon their arrival to OCS. Officer candidates who fly into any other airport and arrive at DCA after 2000 may secure transportation via SuperShuttle at their own expense. SuperShuttle is located in the rental car section within DCA's baggage claim area. If this occurs, they must contact the OCS OOD.

b. Departing Flight Information. Officer candidates who intend on accepting a commission after OCS graduation will report to TBS immediately, and therefore will not need roundtrip tickets. All other officer candidates must

Subj: FALL 2013 OFFICER CANDIDATES SCHOOL (OCS) COURSE DATES; CANDIDATE PRE-SHIP PREPARATION AND REQUIREMENTS

have round trip tickets prior to their arrival to OCS, with their return flights scheduled for departure after 1800 on graduation day.

c. Privately Owned Vehicles (POV). Officer candidates attending Officer Candidate Course (OCC)-214 are authorized to drive POVs to OCS. Officer candidates driving POVs will arrive at OCS between the hours of 1600 and 2000 on the report date in appropriate civilian attire. Officer candidates who arrive before 1600 will be turned away and instructed to report back during the designated arrival window. At this time, they will be instructed where to park. All drivers must have (in their possession) a valid driver's license, current vehicle registration, and proof of insurance.

d. Inclement weather. In the event of inclement weather and an officer candidate flight is delayed or cancelled, they must contact the OCS OOD. These officer candidates will resume their travel upon the next available flight rescheduled through the airline and maintain communication with OCS OOD until their arrival to DCA. Upon final arrival, they must contact the OCS OOD and coordinate transportation via SuperShuttle at their own expense.

4. Transportation Report. All recruiting regions will provide the total number of officer candidates traveling, a by-name roster of officer candidates traveling by POV, and flight information using the Marine Corps Recruiting Information Support System (MCRISS). The NROTC/MECEP/ECP/RECP/MCPR transportation reports will be finalized by MCRC, Naval and Enlisted to Officer Programs (ON/E). MCRC will provide a consolidated transportation report to the OCS Coordinator of Student Activities (CSA), Captain Daniel A. R. Saraceni at [daniel.saraceni@usmc.mil](mailto:daniel.saraceni@usmc.mil), no later than the dates listed in paragraph 2.

5. Required Items. The OCS website, (<https://www.trngcmd.usmc.mil/OCS/default.aspx>), addresses the types and quantities of items that officer candidates need to bring for training at OCS.

a. Running Shoes. Officer candidates must bring serviceable running shoes, which must be easily accessible upon arrival at OCS. Running shoes that are less than one month old or have less than 100 miles of wear on them are recommended. One pair of running shoes is mandatory but two pairs are recommended. Minimalist running shoes that accommodate all toes in one compartment are authorized; however, finger-toe shoes that separate toes into compartments are not authorized.

b. Physical Training (PT) Gear. Officer candidates must bring one set of PT gear consisting of a plain tee shirt and shorts to sleep in the first night and also for medical screening prior to the first bag issue. The tee shirt and shorts will be free of writing or images. A small name brand is authorized.

c. Uniform Items. All current active and reserve Marines are required to bring two sets of Woodland Marine Corps Combat Utility Uniform (MCCU), two sets of Desert MCCU, two pairs of seasonal boots, one woodland digital cover, one desert digital cover, one woodland digital boonie cover, one desert digital boonie cover, one sea bag, two web belts, two buckles, one green sweat top, one green sweat bottom, two pairs of green PT shorts (not silkies), six green tee shirts, six white drawers, and six pairs of boot socks. Upon arrival at OCS, one additional set of Woodland MCCU and one additional set of Desert MCCU will be issued, at no cost, to those Marines who are still considered on active or Selected Marine Corps Reserves (SMCR) status. All uniform items must be serviceable in accordance with MCO P1020.34G and uniforms deemed unserviceable will be replaced at the Marine's expense. Prior enlisted Marines will not

Subj: FALL 2013 OFFICER CANDIDATES SCHOOL (OCS) COURSE DATES; CANDIDATE PRE-SHIP PREPARATION AND REQUIREMENTS

receive a new issue of boots. Individual Ready Reserve (IRR) Marines, who are less than 90 days past their End of Active Service (EAS), have the same uniform requirements as active duty and SMCR Marines. IRR Marines who do not possess these uniform items will purchase them at Cash Sales. IRR Marines who are 90 or more days past their EAS will receive a full issue of uniforms. The officer candidates must inform their receiving staff they possess these items prior to uniforms issue in order to prevent double issue or the purchasing of surplus uniform items.

d. Service "A". All OCC-214 candidates will stand a Company Commander's Inspection in the Service "A" uniform with garrison cover. Females will wear the skirt for this uniform inspection. All prior enlisted officer candidates of OCC-214 will report to OCS with their enlisted Service "A" uniform. Those prior enlisted officer candidates earning their commission upon graduating will have the option of converting their Service "A" uniform from enlisted to officer or purchasing new uniforms. Those MECEP Marines not commissioning will not alter their uniform, but will stand the inspection with their enlisted rank. Platoon gear lockers will be available during in-processing in order to store these items:

e. Boots. All non-prior enlisted candidates will receive an issue of two pairs of boots during in-processing; candidates may supplement this purchase by bringing one pair of pre-purchased regulation USMC boots to OCS. Candidates are encouraged to purchase USMC regulation boots prior to arrival at OCS in order to begin a break-in period. Candidates are recommended to become accustomed to wearing and running in boots prior to arrival. Reference paragraph 3012 of MCO P1020.34G for boot regulations. Further guidance on boot fitting can be found on the OCS website.

f. Money. All candidates will use a debit or credit card with a minimum of \$450 of available funds for the purchase of their bag issue. Items are not to be purchased prior to arrival. OCS will not lend money or apply a checkage for a candidates bag issue or other required costs. Additionally, candidates should give particular consideration towards bringing enough cash for weekly haircuts and exchange visits through the first liberty weekend. These events can total \$20 per week. Candidates are recommended to bring no less than \$60 and no more than \$100 for these expenses. Candidates that arrive without the required funds may be sent home if the Commanding Officer deems him or her financially incapable of meeting the initial procurement requirements of items necessary to commence training.

g. Toiletries. Officer candidates will bring enough basic overnight toiletry items such as razors, shaving cream, soap, shampoo, deodorant, toothbrush, toothpaste, towel, etc. to last for the first two weeks of training. Additionally each candidate must bring at least three sets of clean undergarments. These items must last each officer candidate the first two weeks of training until they make their initial exchange visit. The small/large bag issue does not include hygiene gear. Female officer candidates need to ensure they have the appropriate products to secure their hair (rubber bands, gel, hairspray, etc) and address feminine hygiene. Additionally, female officer candidates are not permitted to wear make-up or nail polish during training and may not arrive for in-processing wearing make-up and/or nail polish.

6. Fitness Reports. Officer candidates who are active or reserve sergeants and above will receive a non-observed FD or GC report when departing OCS. The candidates parent command is responsible for giving them a TD report before reporting to OCS. An officer candidate will not receive an adverse report

Subj: FALL 2013 OFFICER CANDIDATES SCHOOL (OCS) COURSE DATES; CANDIDATE PRE-SHIP PREPARATION AND REQUIREMENTS

unless the candidates disenrollment meets the criteria in MCO P1610.7F (PES) paragraph 5001.3.d(6). Those disenrolled due to an unsatisfactory evaluation of OCS standards do not normally meet this criterion.

7. Medical. Ensure all current candidate commissioning physicals are included in the medical record prior to check-in at OCS. In addition, candidates that fall under the outlined commissioning programs must have the following documentation in their medical record:

a. NROTC, OCC, and PLC. All NAVMED 6120/3 (annual certificate of physical condition) must be completed every year after the initial commissioning physical, including a current certificate (within one year). The NAVMED 6120/3's must be signed by the appropriate administrative personnel in the unit. An initial commissioning physical will be considered invalid if there is a lapse in completion of required annual certificates and a new physical will need to be completed prior to arriving at OCS.

b. Active duty and SMCR candidates. Active duty and SMCR candidates must possess a completed and current (within one year) Preventative Health Assessment (PHA). MECEP candidates reporting from NROTC units may use the NAVMED 6120/3 if necessary.

c. Copies of physician treatment records. Significant medical conditions that have developed before or after enrollment must be included in the candidates medical record even if the Bureau of Medicine (BUMED) granted a waiver. Officer candidates who have undergone corrective laser eye surgery must include post surgical follow-ups in the medical record regardless of when the surgery took place. Documentation must state that the candidate is free of any post surgical complications, demonstrates vision stability, and does not require use of ophthalmic medications or treatments.

d. Shot records. Current shot records are needed to provide proof of current immunizations and prevent an officer candidate from receiving multiple immunizations. The shot records should be signed by a licensed medical professional and hand carried with the candidate upon check-in.

e. Dental evaluation. Copies of current (within one year) dental evaluations are to be included in the medical record. **Do not send dental records.**

f. Female candidates. Female candidates must have current papanicolau (PAP) test results in their medical record (within two years). Female candidates will not be allowed to have pending PAP results faxed over to the Bradley Branch Health Clinic or OCS after medical in-processing begins.

g. Medical Records/Service Record Books (SRBs). All active duty and SMCR officer candidates must hand-carry their medical records and SRBs when reporting to OCS. All other officer candidates need to forward their medical records and OQRs (if applicable) to the OCS MCRC Liaison, Master Sergeant Pagaragan, 2189 Elrod Ave, Quantico, VA 22134 no later than 22 Aug 2013 for OCC-214. It is highly recommended that copies of mailed records or hand carried be retained at the forwarding unit.

h. Aviation contracts. Candidates who are anticipating commissioning upon completion of OCS must have their aviation-related physicals and medical follow-ups completed prior to arriving at OCS. The Bradley Branch Health Clinic is not staffed with a flight surgeon or specialty providers to assist with completion

Subj: FALL 2013 OFFICER CANDIDATES SCHOOL (OCS) COURSE DATES; CANDIDATE PRE-SHIP PREPARATION AND REQUIREMENTS

of flight physicals. All flight physical issues must be resolved prior to arriving at OCS and concerns need to be addressed to the Head of Officer Programs, MCRC.

i. Eye glasses. Officer candidates who wear glasses will bring a minimum of one pair of non-eccentric glasses with them for training. To the greatest extent possible prior service and prior candidates should bring their military issue glasses in order to streamline the issue process; two pairs are recommended. Officer candidates will neither arrive at OCS wearing contact lenses nor wear contact lenses at any time while at OCS. The Bradley Branch Health Clinic will issue military eyeglasses within 7 to 10 days of arrival, depending on the complexity of the prescription. In order to receive military issue eyeglasses, candidates must hand-carry their current eyeglass prescription (within one year) or wear/take a pair of glasses so Optometry can scan the prescription. The Bradley Branch Health Clinic will not process faxed-in prescriptions.

8. Administrative. MCB Quantico IPAC, Student Branch is responsible for all administrative matters pertaining to the pay and entitlements of officer candidates. All officer candidates are encouraged to read MARADMIN 195/13 and MARADMIN 305/08 for additional information on entitlements. These two MARADMINS can be located at web address: [www.marines.mil/News/Messages/MARADMINS](http://www.marines.mil/News/Messages/MARADMINS).

a. MECEP officer candidates will not break their domicile lease, move their dependents to Quantico, their house hold goods, or initiate departure from base housing. MECEP officer candidates who are authorized Basic Allowance for Housing (BAH) at their present command will continue to receive BAH at their current duty station rate. MECEP officer candidates will return to their parent command to execute PCS orders to the assigned NROTC unit upon meeting all enlistment requirements as outlined in MARADMIN 147/13.

b. Single ECP and MCP-R selects are authorized Basic Allowance for Housing (BAH) Own Right residing on the local economy at their present command and should not terminate lease agreements and store Household Goods (HHG) in temporary storage until completion of OCS. ECP and MCP-R selects without dependents will continue to receive BAH Own Right for the entire period at OCS. ECP and MCP-R selects are authorized BAH with dependent rate at their present command and should not break his/her lease agreement, relocate his/her dependents, or begin the process of moving out of base housing prior to arriving at OCS. ECP and MCP-R selects overseas are not authorized family member(s) travel and movement of HHG to port of entry (U.S. only) until OCS is completed. Single active duty enlisted Marines (with the exception of MECEP selects) residing outside the National Capital Region, attending the OCC Program should arrange to have their HHG placed in temporary storage while they are in training. Upon successful completion of OCS, the HHG will be transported to TBS.

c. If family members are staying at an address other than the candidates home of record, e.g. parents/in-laws, they should provide that address to OCS during in-processing. Single reserve component officer candidates will be required to provide a valid rental/lease or mortgage agreement in order to receive BAH without dependents during OCS, in accordance with MARADMIN 305/08.

d. All officer candidates, to include Active Duty / SMCR Marines, will hand carry a manila envelope labeled in the top right corner with the last name, first name, middle initial, date of birth and last four digits of their social security number. Failure to include any of the below documentation may result

Subj: FALL 2013 OFFICER CANDIDATES SCHOOL (OCS) COURSE DATES; CANDIDATE PRE-SHIP PREPARATION AND REQUIREMENTS

in delayed payment. No medical information should be contained in this envelope. Enclosed inside of the envelope will be:

- (1) Copy of their orders.
  - (2) Completed SF 1199a, Electronic Funds Transfer (EFT) form [see Encl (2)] for a current savings and/or checking account with a **voided check or deposit slip**.
  - (3) A copies of both their birth certificate and Social Security Card, these do not need to be certified true copies.
  - (4) Documentation for all dependents including certified true copies of birth certificates for spouses and all children. For newborns, birth verification letters (with footprints) will be accepted.
  - (5) All married officer candidates will include a valid marriage license, or a marriage certificate AND the receipt that shows they paid for the license. If the candidates spouse changed her name following the marriage, a copy of her social security card should be included to accurately show her current full name.
  - (6) Valid state issued driver's license or Social Security Card with spouse's name change is required to change your spouse's name.
  - (7) All single reserve component candidates will include a copy of mortgage documentation or a valid lease agreement in accordance with MARADMIN 305/08.
- e. Officer candidates that are prior military service members and officer candidates that are married to current or prior military service members must bring all copies of the service member's DD Form 214(s). Officer candidates must provide their active duty service spouse's social security number and current unit information. This documentation should be included in the manila envelope.
- f. MECEP officer candidates will provide a full copy of your DTS travel claim, including DD Form 1610 and the itemized printout of the daily cost. While enrolled at OCS, MECEP officer candidates will receive the Discounted Meal Rate as they are required to eat at Bobo Dining Facility. Parent commands should also be aware that a Discounted Meal Rate (DMR) deduction will be started and run via unit diary entry while assigned to OCS. Meals and lodging are directed and provided for the officer candidate. MECEP officer candidates are encouraged to read (MARADMIN 195/13) for additional information on entitlements.
- g. Officer candidates will conduct a "Moment of Truth," where they will be given an opportunity to divulge any information that may prevent them from being a fully qualified officer candidate capable of receiving a commission. Officer candidates are reminded that concealing information to deceive or mislead will constitute a fraudulent contract. Enclosure (1) has been updated in order to ensure the most common admissions are identified prior to arriving at OCS.
9. Fraternization. All candidates will understand the Marine Corps and OCS policy regarding fraternization. Candidates will not be granted extra time to plan or execute a wedding outside scheduled liberty periods. If commissioning at the conclusion of OCS, candidates intending to marry prior to commissioning should do so prior to reporting to OCS.

Subj: FALL 2013 OFFICER CANDIDATES SCHOOL (OCS) COURSE DATES; CANDIDATE PRE-SHIP PREPARATION AND REQUIREMENTS

10. Weapons. Officer candidates will not transport personal weapons (knives, firearms, ammunition, etc.) to OCS, weapons will not be stored in officer candidates vehicles either.

11. Pre-ship checklist. Officer candidates will complete enclosure (1), in its entirety and upload to the MCRC portal (HQ G3/Officer Programs) located at [<http://www.mcrc.marines.mil/UnitHome/OfficerPrograms.aspx>] no later than 22 August 2013. The NROTC/MECEP/ECP/RECP/MCPR pre-ship checklists will be forwarded, via FAX to (703) 432-9322, or scanned via e-mail to their respective program coordinators listed below NLT 19 August 2013. MCRC (OP) requires Commanding Officers/OSOs/MOIs to review enclosure (1) with candidates during their shipping evolution.

- a. NROTC: Nancy.Guillaume@marines.usmc.mil or Shan.Lang@marines.usmc.mil
- b. MECEP: Troi.Spencer@marines.usmc.mil
- c. ECP/RECP/MCP-R: Jeanette.Northan@marines.usmc.mil

12. For all questions concerning candidate information please contact the Coordinator of Student Activities, Captain Daniel A. R. Saraceni, [daniel.saraceni@usmc.mil](mailto:daniel.saraceni@usmc.mil) at DSN 278-3223 or commercial (703) 784-3223.

*H R Van Opdorp*

H. R. VAN OPDORP  
Col USMC

# OFFICER CANDIDATE PRE-SHIP CHECKLIST

## (Jun 12 Rev)

Candidate Name (Last, First, MI)	OSO/ MOI/ OIC/I&I Name
Circle Program: OCC, PLC-COMB, PLC-JR, PLC-SR, ECP,	RS/ OSS:
RECP, MCP-R, MECEP, NROTC, USAFA, USMMA, PLC-LAW	DIST: UNIT/NROTC

**CANDIDATE: Complete questions 1-72 (73-90 must be completed by an Officer). Place your initials in the appropriate answer box and provide a detailed explanation when required.**

1. Do you possess sturdy running shoes less than one month old? ☐ N/A ☐ Yes ☐ No If no, please explain.
2. Did you purchase your running shoes from a running specific store? ☐ N/A ☐ Yes ☐ No If no, please explain.
3. Have you been running in boots (how much per week and mileage)? ☐ Yes ☐ No \_\_\_\_\_
4. Do you possess a sturdy conservative watch? ☐ Yes ☐ No
5. Do you possess toiletries, sunscreen, and underwear sufficient for two weeks of training? ☐ Yes ☐ No  
If no, will you have them on arrival at OCS?
6. Do you possess a valid picture ID to take to OCS? ☐ Yes ☐ No If no, please explain.
7. If authorized to drive, do you have directions to OCS? ☐ N/A ☐ Yes ☐ No
8. If authorized to drive, do you possess a valid driver's license, registration, auto insurance, and POV Inspection Checklist filled out by your OSO or OIC to be verified by OCS personnel upon arrival? ☐ N/A ☐ Yes ☐ No If no, please explain.
9. If flying, do you have information on the reporting in times and modes of transportation provided by OCS from Ronald Reagan Washington National Airport (DCA) to OCS, and the cost of transportation if you are a late arrival? ☐ N/A ☐ Yes ☐ No If no, please explain.
10. Do you possess a debit or credit card with a minimum of \$450.00 for large/small bag issue and incidental expenses (cab fare/haircuts, etc), or have access to cash? (Large/Small bag issue will accept cash, credit card or money order only – no personal checks; returning PLC Seniors are required to re-purchase the large/small bag issue regardless whether or not they bring the items with them.) ☐ Yes ☐ No If no, please explain.
11. Do you have any significant debts? ☐ Yes ☐ No If yes, please explain.
12. Are your monthly payments to all creditors current? ☐ N/A ☐ Yes ☐ No If no, please explain.
13. Have you granted a Power of Attorney to a trusted family member or friend to handle various financial and/or administrative matters while you are in training? ☐ Yes ☐ No If no, please explain.
14. Do you currently or have you ever had any unpaid or paid speeding tickets, moving violations, parking tickets, or any other infractions or fines including those on a college campus? ☐ Yes ☐ No If yes, please explain when (date), where (city, county, and state), how many, and how much. If you answered yes, did you provide your OSO/MOI/OIC with the supporting documentation? ☐ Yes ☐ No
15. Have you ever been arrested or cited by city, county, state, or federal police to include campus police? ☐ Yes ☐ No If yes, please explain and give the city, county, state, date, and circumstances surrounding the incident. Did you receive a waiver(s) for the incident(s)? ☐ N/A ☐ Yes ☐ No
16. Do you have any pending legal action against you (civil or criminal, to include minor infractions)? ☐ Yes ☐ No If yes, please explain.
17. Do you have any pending or scheduled court appearance(s) dates before, during, or after reporting to OCS? ☐ Yes ☐ No If yes, please explain.
18. Are there any other legal issues in which you are involved? (Jury Duty, Subpoena to Testify, etc.) ☐ Yes ☐ No If yes, please explain.
19. Have you made your OSO/MOI/OIC/I&I aware of all your minor or major law infractions? ☐ Yes ☐ No
20. Have you used any drugs deemed illegal by the Marine Corps prior to or during the application/selection process that has not been properly annotated or documented in your paperwork? ☐ Yes ☐ No ☐ Not sure.  
If you are not sure, have your OSO/MOI/OIC/I&I explain. All drug use must be properly identified, explained, and documented.  
Warning: You will be taking a urinalysis test upon your arrival to OCS. A positive test result will disqualify you from the Marine Corps Officer Program.
21. Are you aware if you are found not to be 100% truthful in your moral disclosure(s) to the Marine Corps that you may be denied or disenrolled from training at OCS? ☐ Yes ☐ No

**ENCLOSURE (1)**



# OFFICER CANDIDATE PRE-SHIP CHECKLIST

## (Jun 12 Rev)

Candidate Name (Last, First, MI)	OSO/ MOI/ OIC/I&I:
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39. In regard to question # 38, if medical treatment or therapy was required, do you understand that you must bring those documents to OCS?  
☐ N/A ☐ Yes ☐ No If no, please explain.
40. In regard to question # 38, if an injury or illness required medical treatment or therapy, did the treatment or therapy prevent you from physically preparing for OCS for the previous six weeks? ☐ N/A ☐ Yes ☐ No If yes, please explain.
41. Do you have any medical conditions, either currently or in the past, that have not been revealed? ☐ Yes ☐ No If yes, please explain.
42. Do you have a copy of your current immunizations records and do you understand that you must bring a copy with you to OCS?  
☐ Yes ☐ No If no, please explain.
43. Have you had any vision correction surgery (e.g. PRK/LASIK) surgery in the last 120 days and do you understand that you must bring those documents to OCS? ☐ N/A ☐ Yes ☐ No If yes, please explain.
44. Do you have all of your medical records to include a complete physical, shot records, and medical documentation for all waivers (or will you have them prior to shipping to OCS)? ☐ Yes ☐ No If no, please explain.
45. If commissioning, have you completed your dental screening? ☐ Yes ☐ No If no, please explain.
46. Have you seen a dentist in the last 60 days? (NOTE: Returning PLC Seniors do not need to have a dental screening until they are ready to accept their commission.) ☐ N/A ☐ Yes ☐ No If no, please explain.
47. Are you currently under or do you have any pending orthodontic care? ☐ N/A ☐ Yes ☐ No If yes, please explain.
48. OCS will not induct candidates with braces; if you have braces you must have them removed prior to shipping to OCS. Do you understand this requirement? ☐ N/A ☐ Yes ☐ No
49. Do you possess a current (within one year) prescription for glasses to be submitted to OCS during in processing (this prescription will be used to produce military issued glasses at OCS)? Contact lenses are not authorized for use at OCS at any time. ☐ N/A ☐ Yes ☐ No If no, please explain.
50. Do you possess a pair of sturdy civilian glasses that can be used during the first 7-10 days of training at OCS? Contact lenses are not authorized for use at OCS at any time. ☐ N/A ☐ Yes ☐ No If no, please explain.
51. Do you possess a sturdy, small (conservative in style), black headband to hold your glasses in place? ☐ N/A ☐ Yes ☐ No
52. Have you added any tattoos since completing your last physical and/or prior to reporting to OCS? ☐ N/A ☐ Yes ☐ No If yes, please explain.
53. You will be administered a urinalysis upon reporting to OCS. Is there any reason why you should not pass it? ☐ Yes ☐ No  
 If yes, please explain.
54. Are you currently under any doctor's care or are you currently taking any medication that has been prescribed by a doctor? ☐ Yes ☐ No  
 If yes, please explain.
55. Are you currently taking any non-prescription or over the counter medication for any illness or alignment previously diagnosed or not diagnosed by a doctor or physician? ☐ Yes ☐ No If yes, please explain.
56. Are you aware that if you are found not to be 100% truthful in your medical disclosure(s) to the Marine Corps that you may be denied or disenrolled from training at OCS? ☐ Yes ☐ No
57. **MECEP/RECP/SMCR/RESERVISTS:** Do you have all of your medical records to include a complete physical, shot records, and medical documentation for all waivers? ☐ N/A ☐ Yes ☐ No If no, please explain.
58. **MECEP/R-ECP/SMCR/RESERVISTS:** Do you have a current (within one year) Preventative Health Assessment (PHA) in your medical record? ☐ N/A ☐ Yes ☐ No
59. **FEMALES ONLY:** If you will be commissioned within one year of graduating OCS or you are over the age of 21, do you have a copy of a current (within the last two years) Pap smear result from your doctor? ☐ N/A ☐ Yes ☐ No If no, please explain.
60. **FEMALES ONLY:** Do you have any reason to believe you are currently pregnant? ☐ N/A ☐ Yes ☐ No If yes, please explain.

**OFFICER CANDIDATE PRE-SHIP CHECKLIST**  
**(Jun 12 Rev)**

Candidate Name (Last, First, MI)	OSO/ MOI/ OIC/I&I:
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78. **SMCR CANDIDATE:** Have the candidate's transfer orders to OCS been provided to the appropriate admin support station (e.g. I&I Unit)?  
☐ N/A ☐ Yes ☐ No If no, please explain. Int. \_\_\_\_\_

79. **ACTIVE DUTY/SMCR CANDIDATES:** Will a TD Fitness Report or Pro/Cons be completed before the candidate reports to OCS?  
☐ N/A ☐ Yes ☐ No If no, please explain. Int. \_\_\_\_\_

80. **SMCR CANDIDATE:** Has the candidate's admin support station been informed that they need to make the required Unit Diary entries, particularly the transfer entry? ☐ N/A ☐ Yes ☐ No If no, please explain. Int. \_\_\_\_\_

Unit Diary Number \_\_\_\_\_ Transfer Date \_\_\_\_\_

81. **CANDIDATE WHO WAS A MEMBER OF A DIFFERENT SERVICE:** Has the OSS received the appropriate Release of Service documents from the other military service that allow the candidate to be contracted into the USMC and shipped to OCS (e.g. DD 214 RE-1A or a signed DD 368)? ☐ N/A ☐ Yes ☐ No If no, please explain. Int. \_\_\_\_\_

82. **DUAL CITIZEN:** If a dual citizen, has the candidate documented and renounced citizenship of the foreign country? ☐ N/A ☐ Yes ☐ No  
If no, please explain. Int. \_\_\_\_\_

83. Have you provided your phone number and the OCS duty phone number to the candidate? ☐ Yes ☐ No If no, ensure this information is provided by shipping day. The OCS contact number is (703) 784-2351/52. Int. \_\_\_\_\_

84. Have you reviewed the candidate's 100 word essay and OSO evaluation form 1530? ☐ Yes ☐ No If yes, does the candidate communicate well in writing? (Does not apply for Enlisted to Officer or NROTC candidates). ☐ N/A ☐ Yes ☐ No Int. \_\_\_\_\_

85. Do you know of anything that would prevent this candidate from starting training at OCS? ☐ Yes ☐ No If yes, please explain. Int. \_\_\_\_\_

86. **OPM:** Do you have a case number from OPM? ☐ N/A ☐ Yes ☐ No Case # \_\_\_\_\_

87. **DIRECT DEPOSIT:** Does the candidate have a valid savings/checking account? ☐ Yes ☐ No Int. \_\_\_\_\_

88. Have you informed the candidate that he or she MUST bring a completed direct deposit form SF 1199a and voided check with them to OCS?  
☐ Yes ☐ No Int. \_\_\_\_\_

89. Have you made the candidate aware that if he or she has not been 100% truthful in their application, during their subsequent selection, and or induction at OCS they will be sent home from OCS and may be found unfit to return? ☐ Yes ☐ No Int. \_\_\_\_\_

90. Has the candidate been briefed that if there are any changes in their status (medical, moral, or otherwise) they must notify their OSO/MOI/OIC immediately? And, that they are not authorized to report to OCS with any unresolved medical or moral issues. ☐ Yes ☐ No Int. \_\_\_\_\_

**CERTIFICATION**

This pre-ship checklist was answered to the best of the candidate's and interviewing officer's knowledge. The officer candidate is qualified to attend OCS.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

OSO/MOI/OIC Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

**If you were required to explain any of your answers above please provide that information on a supplemental sheet.**

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION I (To Be Completed by Payee)					
<b>A NAME OF PAYEE</b> ( <i>last, first, middle initial</i> )			<b>D TYPE OF DEPOSITOR ACCOUNT</b> <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS		
ADDRESS ( <i>street, route, P.O. Box, APO/FPO</i> )			<b>E DEPOSITOR ACCOUNT NUMBER</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		
CITY	STATE	ZIP CODE	<b>F TYPE OF PAYMENT</b> ( <i>Check only one</i> )		
TELEPHONE NUMBER AREA CODE			<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay <input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active _____ <input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire. _____ <input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor _____ <input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other _____ ( <i>specify</i> )		
<b>B NAME OF PERSON(S) ENTITLED TO PAYMENT</b>			<b>G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY</b> ( <i>if applicable</i> )		
CLAIM OR PAYROLL ID NUMBER			TYPE AMOUNT		
Prefix Suffix					
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>			<b>JOINT ACCOUNT HOLDERS' CERTIFICATION</b> ( <i>optional</i> )		
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.			I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		
SIGNATURE	DATE		SIGNATURE	DATE	
SIGNATURE	DATE		SIGNATURE	DATE	

SECTION 2 (TO BE COMPLETED BY THE ORGANIZATION)	
GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)								
NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER			CHECK DIGIT			
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		DEPOSITOR ACCOUNT TITLE						
FINANCIAL INSTITUTION CERTIFICATION								
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.								
PRINT OR TYPE REPRESENTATIVE'S NAME		SIGNATURE OF REPRESENTATIVE		TELEPHONE NUMBER		DATE		

ENCLOSURE (2)

### DIRECTIONS

ENCLOSURE (7)

## DIRECT DEPOSIT SIGN-UP FORM

### DIRECTIONS

- To sign up for Direct Deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed form will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

### SECTION 1 (TO BE COMPLETED BY PAYEE)

<b>A</b> NAME OF PAYEE (last, first, middle initial)		<b>D</b> TYPE OF DEPOSITOR ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS																			
ADDRESS (street, route, P.O. Box, APO/FPO)		<b>E</b> DEPOSITOR ACCOUNT NUMBER																			
CITY STATE ZIP CODE		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																			
TELEPHONE NUMBER AREA CODE		<b>F</b> TYPE OF PAYMENT (Check only one)																			
<b>B</b> NAME OF PERSON(S) ENTITLED TO PAYMENT		<input type="checkbox"/> Social Security <input type="checkbox"/> Fed. Salary/Mil. Civilian Pay																			
<b>C</b> CLAIM OR PAYROLL ID NUMBER		<input type="checkbox"/> Supplemental Security Income <input type="checkbox"/> Mil. Active																			
Prefix Suffix		<input type="checkbox"/> Railroad Retirement <input type="checkbox"/> Mil. Retire.																			
		<input type="checkbox"/> Civil Service Retirement (OPM) <input type="checkbox"/> Mil. Survivor																			
		<input type="checkbox"/> VA Compensation or Pension <input type="checkbox"/> Other (specify)																			
<b>PAYEE/JOINT PAYEE CERTIFICATION</b>		<b>G</b> THIS BOX FOR ALLOTMENT OF PAYMENT ONLY (if applicable)																			
I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.		TYPE AMOUNT																			
SIGNATURE DATE		SIGNATURE DATE																			
SIGNATURE DATE		SIGNATURE DATE																			
<b>JOINT ACCOUNT HOLDERS' CERTIFICATION (optional)</b>																					
I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.																					

### SECTION 2 (TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS

### SECTION 3 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

NAME AND ADDRESS OF FINANCIAL INSTITUTION		ROUTING NUMBER		CHECK DIGIT										
		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											<table border="1"><tr><td></td></tr></table>	
		DEPOSITOR ACCOUNT TITLE												
<b>FINANCIAL INSTITUTION CERTIFICATION</b>														
I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.														
PRINT OR TYPE REPRESENTATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE											

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

**BURDEN ESTIMATE STATEMENT**

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Records Management Branch, Room 135, 3700 East-West Highway, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT TO COLLECT THIS DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.

**PRIVACY ACT NOTICE**

Collection of the information in this Direct Deposit Sign-Up form is authorized by 5 U.S.C. § 552a, 31 U.S.C. § 3332(g), and Executive Order 9397 (November 22, 1943). Your social security number and the other information requested will allow the federal government to process your direct deposit. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments. This information will be disclosed to the Department of the Treasury and its fiscal and financial agents, and other federal agencies, as necessary to process your direct deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required to verify your receipt of federal payments. Although providing the requested information is voluntary, your direct deposit cannot be processed without it.

**PLEASE READ THIS CAREFULLY**

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

**INFORMATION FOUND ON CHECKS**

Most of the information needed to complete boxes A and F in Section 1 is printed on your government check:

- (A) Be sure that payee's name is written exactly as it appears on the check. Be sure current address is shown.
- (F) Type of payment is printed to the left of the amount.

<b>United States Treasury</b>		15-51 000	Check No. 0000 415785						
<table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td>08</td> <td>31</td> <td>84</td> </tr> </table>		Month	Day	Year	08	31	84	KANSAS CITY, MO	
Month	Day	Year							
08	31	84							
Pay to the order of	JOHN DOE 123 BRISTOL STREET HAWKINS BRANCH TX 76543	28 28 VA COMP	<table border="1"> <tr> <th>DOLLARS</th> <th>CTS</th> </tr> <tr> <td>\$*****100</td> <td>00</td> </tr> </table>	DOLLARS	CTS	\$*****100	00		
DOLLARS	CTS								
\$*****100	00								
(A)		(F)							
		<b>NOT NEGOTIABLE</b>							
⑈00000518⑈ 041571926⑈									

**SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS**

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

**CANCELLATION**

The agreement represented by this authorization remains in effect until cancelled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

**CHANGING RECEIVING FINANCIAL INSTITUTIONS**

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete a new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

**FALSE STATEMENTS OR FRAUDULENT CLAIMS**

Federal law provides a fine of not more than \$10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

ENCLOSURE (2)